

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007531

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** FT. PIERCE OCEAN VIEW, LLC

**Current Principal Place of Business:**

715 S.E. 8TH STREET  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

715 S.E. 8TH STREET  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 36-5586009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NUCCILLI, SHEILA M  
715 S.E. 8TH STREET  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MR.  
**Name:** NUCCILLI, MARK G MGRM  
**Address:** 715 SE 8TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**Title:** MRS.  
**Name:** NUCCILLI, SHEILA M MGRM  
**Address:** 715 SE 8TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MARK NUCCILLI

MGR

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date